

EXHIBIT R

**DECLARATION OF JOHN ST. CROIX IN SUPPORT OF DEFENDANTS'
OPPOSITION TO MOTION FOR PRELIMINARY INJUNCTION**

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE

ORIGINAL COPY Date Stamp FILED JAN 30 PM 12:16 SAN FRANCISCO DISTRICT 11 SIGN	CALIFORNIA FORM 460
	1 of 22 For Official Use Only

Statement covers period
 from 11/26/00
 through 12/31/00

Date of Election
 if applicable:
 (Month, Day, Year)

1. Type of Recipient Committee:

- ☐ Officeholder, Candidate Controlled Committee
 (Also Complete Part 4.)
- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
 (Also Complete Part 5.)
- ☐ Primarily Formed Candidate/Officeholder Committee
 (Also Complete Part 6.)
- ☒ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain Below)
- ☐ Quarterly Statement
☐ Special Odd-Year Campaign Report
☐ Supplemental Pre-election Statement (Attach Form 495)

3. Committee Information

I.D. Number
870449

COMMITTEE NAME

BOMA-IE

Treasurer(s)

NAME OF TREASURER
Gene Valla, Mr

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

233 Sansome St., 8th Floor

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco

CA 941040000

415-362-8567

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
same as above

CITY STATE ZIP CODE AREA CODE/PHONE

0000

OPTIONAL: FAX / E-MAIL ADDRESS

415-362-8634

lamatal@boma.com

233 Sansome St., 8th Floor

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco

CA 941040000

415-362-8567

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

same as above

CITY STATE ZIP CODE AREA CODE/PHONE

0000

same as above

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page -- Part 2

COVER PAGE - PART 2

CALIFORNIA
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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP

AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

COISA

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under laws of the State of California that the foregoing is true and correct.

Executed on	11/26/01	By
	DATE	
Executed on		By
	DATE	
Executed on		By
	DATE	
Executed on		By
	DATE	

Kayla Wall
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

CALIFORNIA
FORM

460

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NAME OF FILER

BOMA-IE

I.D. Number

870449

Statement covers period

from 11/26/00

through 12/31/00

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary ContributionsSchedule A, Line 3	\$17,411.02	\$42,384.58	\$59,795.60
2. Loans ReceivedSchedule B, Line 7	\$0.00	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONSAdd Lines 1 + 2	\$17,411.02	\$42,384.58	\$59,795.60
4. Nonmonetary ContributionsSchedule C, Line 3	\$0.00	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$17,411.02	\$42,384.58	\$59,795.60

Expenditures Made

6. Cash PaymentsSchedule E, Line 4	\$9,500.00	\$51,305.64	\$60,805.64
7. Loans MadeSchedule H, Line 7	\$0.00	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTSAdd Lines 6 + 7	\$9,500.00	\$51,305.64	\$60,805.64
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	\$0.00	\$0.00	\$0.00
10. Nonmonetary AdjustmentSchedule C, Line 3	\$0.00	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 Add	\$9,500.00	\$51,305.64	\$60,805.64

Current Cash Statement

12. Beginning Cash BalancePrevious Summary Page, Line 16	\$22,738.88
13. Cash ReceiptsColumn A, Line 3 above	\$17,411.02
14. Miscellaneous Increases to CashSchedule I, Line 4	\$0.00
15. Cash PaymentsColumn A, Line 8 above	\$9,500.00
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$30,649.90

If this is a Termination Statement, Line 16 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

17. LOAN GUARANTEES RECEIVEDSchedule B, Part 1, Column (b)

Cash Equivalents and Outstanding Debt

18. Cash Equivalents

19. Outstanding DebtsAdd Line 2 + Line 9 in Column C above

*From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received.....	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM	5 of 22
				I.D. NUMBER 870449	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/8/00	Garratt-Callahan Co 111 Rollins Road Millbrae, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/21/00	Otis Elevator Company 444 Spear St., #100 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/4/00	Dome Construction Corp. 80 Carolina St. San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
SUBTOTAL				\$600.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.).....

\$17,411.02

2. Amount received this period - unitemized contributions of less than \$100.....

\$0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL

\$17,411.02

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

SCHEDULE A

Schedule A

Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from	11/26/00	
through	12/31/00	

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NAME OF FILER BOMA-IE					I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/5/00	ABM Janitorial Services 500 Howard San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
11/30/00	Turner Construction Co 353 Sacramento St., Ste 1200 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$400.00	\$0.00
12/18/01	ABC Building Services 800 So Claremont St., #210 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$400.00	\$0.00
12/6/00	Hathaway Dinwiddie Construction Co 275 Battery. #300 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
SUBTOTAL				\$800.00		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 7 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
11/27/01	The Lee Quigley Co 411 No. Buchanan Cir., #20 Pacheco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
11/27/00	Giampolini & Co 1445 Bush St. San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
12/4/00	NRG Energy Center-San Francisco 410 Jessie St., Suite 702 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
11/28/01	Lillick & Charles LLP 2 Embarcadero Center, #2709 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
SUBTOTAL				\$800.00			

SCHEDULE A

Schedule A

Monetary Contributions Received

Statement covers period	
from	11/26/00
through	12/31/00

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NAME OF FILER BOMA-IE		I.D. NUMBER 870449				
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/27/00	Skyline Construction, Inc. 595 Market St., #2360 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/12/00	Rosedin Electric, Inc. 440 Ninth St. San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/18/00	Berding & Weil, LLP 3240 Stone Valley Road W Alamo, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/11/00	Protection Service Industries 519 Parrott St. San Jose, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
SUBTOTAL				\$800.00		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 9 of 22		I.D. NUMBER 870449
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/26/00	Teligent Communications, Inc. 1111 Broadway, #1300 Oakland, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/7/00	Western Allied Service Co. 1180 O'Brien Dr. Menlo Park, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/14/00	TruGreen Landcare 951 Edgewater Blvd., Bldg A, #200 Foster City, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/26/00	Perfection Sweeping Co., Inc. P.O. Box 475369 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
SUBTOTAL				\$800.00		

Monetary Contributions Received

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 10 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
12/22/00	Allied Riser Communications 555 Market St., 13th floor San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
12/4/00	Real Estate Northern California 10 United Nations Plaza, Suite 450 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
12/1/00	Watt Property Management, Inc. 1 Hallidie Plaza, #701 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	\$0.00	
11/27/00	1095 Market St., LLC 1095 Market St., #804 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
				SUBTOTAL	\$850.00		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 11 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
11/30/00	Jones Lang LaSalle 600 Montgomery St., 4th Floor San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$500.00	\$0.00	
12/19/00	CALFOX, Inc. 425 California At., #2300 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$548.56	\$4,298.56	\$0.00	
11/27/00	M. Fisher & Son 1485 Bayshore Blvd., #56 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$342.00	\$2,138.56	\$0.00	
12/27/00	CALFOX, Inc. 1390 Market St., #1401 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$750.68	\$2,000.68	\$0.00	
				SUBTOTAL	\$1,891.24		

Schedule A Monetary Contributions Received

Statement covers period	CALIFORNIA 460
from 11/26/00	FORM
through 12/31/00	12 of 22

NAME OF FILER	I.D. NUMBER
BOMA-IE	870449

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/11/00	Fremont Properties, L.P. 50 Beale St., #150 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$300.00	\$300.00	\$0.00
11/29/01	The Hearst Corporation 5 Third St., #200 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$296.29	\$296.29	\$0.00
11/27/00	Seligman Western Enterprises, Ltd 785 Market, #660 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$306.30	\$306.30	\$0.00
12/18/00	Post St. Associates 177 Post St., Suite 770 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
			SUBTOTAL	\$1,102.59		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA FORM 460 13 of 22		I.D. NUMBER 870449
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/1/00	Leo Epp Company 703 Market St., #1706 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$480.00	\$480.00	\$0.00
12/7/00	Callan, Stroud & Dale 364 Bush St.. San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
12/4/00	Equity Office Properties Trust One Market, 725 Spear Tower San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,120.00	\$1,120.00	\$0.00
12/19/00	CALFOX, Inc. 425 California St., #2300 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$619.43	\$4,917.99	\$0.00
SUBTOTAL				\$2,419.43		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 14 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
12/15/00	PM Realty Group 333 Bush St., Suite 1510 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$500.00	\$500.00	\$0.00	
12/1/00	Equity Office Properties Trust 580 California St., #1325 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$469.52	\$469.52	\$0.00	
12/4/00	Equity Office One Market St., 725 Spear Tower San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$1,320.00	\$0.00	
11/30/00	Jones Lang LaSalle 600 Montgomery St., 4th Flr San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$950.00	\$0.00	
SUBTOTAL				\$1,369.52			

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 15 of 22		I.D. NUMBER 870449
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
12/1/00	WDG Ventures, Inc. 109 Stevenson St., 5th Floor San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$400.00	\$0.00
12/19/00	Equity Office 3000 El Camino Real Palo Alto, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$480.70	\$480.70	\$0.00
11/27/00	Landmark Exchange Management 111 Pine St., #1425 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$619.41	\$619.41	\$0.00
11/27/00	Spieker Properties 655 Montgomery St., #1400 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$742.24	\$742.24	\$0.00
				SUBTOTAL	\$2,042.35	

SCHEDULE A

Schedule A
Monetary Contributions Received

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA FORM 460 16 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
12/8/00	PM Realty Group 500 Sansome St., #608 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$442.41	\$442.41	\$0.00	
11/27/00	Seligman Western Enterprises 785 Market St., #660 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$506.30	\$0.00	
12/4/00	San Francisco Electrical Contractors Assoc., Inc. 555 Gough Street San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
12/18/00	Metreon, Inc. 101 Fourth St., Basement San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$1,000.00	\$1,000.00	\$0.00	
				SUBTOTAL	\$1,842.41		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA 460 FORM 17 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
11/30/00	CAC Real Estate Management 1550 Bryant St., #825 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$547.06	\$1,147.06	\$0.00	
12/27/00	Equity Office 150 California St., #610 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$302.68	\$302.68	\$0.00	
11/30/00	Colliers International Two Embarcadero Center, #1000 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
11/29/00	REAL Systems 772 Second Ave. San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00	
				SUBTOTAL	\$1,249.74		

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period
from 11/26/00
through 12/31/00

CALIFORNIA **460**
FORM
18 of 22

NAME OF FILER BOMA-IE		I.D. NUMBER 870449				
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/30/00	Jones Lang LaSalle 600 Montgomery St., 4th Floor San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	\$0.00
12/14/00	Centerstone Property Management 1965 Market St., 2nd Floor San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$243.74	\$243.74	\$0.00
11/30/00	Joseph Musto Estate Co 717 Battery Street San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
11/29/00	Citigroup One Sansome St., #700 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$200.00	\$200.00	\$0.00
SUBTOTAL				\$893.74		

Schedule A
Monetary Contributions Received

SCHEDULE A

NAME OF FILER BOMA-IE		Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA FORM 460 19 of 22		I.D. NUMBER 870449	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
11/26/00	The Lurie Company 555 California St., #5100 San Francisco, CA 0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		(\$50.00)	(\$50.00)	\$0.00	
SUBTOTAL				(\$50.00)			

SCHEDULE D

Schedule D
Summary of Expenditures
Supporting/ Opposing Other
Candidates, Measures and Committees

Statement covers period		CALIFORNIA FORM 460
from	11/26/00	
through	12/31/00	20 of 22

NAME OF FILER
BOMA-IE

I.D. NUMBER
870449

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NON MONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
11/29/00	ID#983233 San Franciscans for Sensible Government PAX GOV	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	N/A	\$7,500.00	Calendar Year \$41,600.00 Other
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
11/30/00	ID#990279 BOMA-SF-Candidate PAC GOV	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	N/A	\$2,000.00	Calendar Year \$9,500.00 Other
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
			SUBTOTAL	\$9,500.00	

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$9,500.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the summary Page.)	TOTAL \$9,500.00

Schedule E Payments Made

SCHEDULE E

Statement covers period from 11/26/00 through 12/31/00		CALIFORNIA FORM 460 21 of 22
NAME OF FILER BOMA-IE		I.D. NUMBER 870449

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | T.V. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSE transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE, CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Franciscans for Sensible Government ID# 983233 c/o Barnes Mosher & Whitehurst 10 United Nations Plaza, #420 San Francisco, CA 941020000	CTB		\$7,500.00
BOMA-SF-PAC-Candidate ID# 990279 233 Sansome St., 8th Floor San Francisco, CA 941040000	TRS		\$2,000.00
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.			
SUBTOTAL			\$9,500.00

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$9,500.00
- Unitemized payments made this period of under \$100..... \$0.00
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) \$0.00
- Total payments made this period. (Add lines 1, 2 and 3. Enter here and on Summary Page, Column A, Line 6.) TOTAL \$9,500.00

Memo Schedule

Statement covers period		CALIFORNIA FORM 460
from	11/26/00	
through	12/31/00	
		22 of 22
NAME OF FILER BOMA-IE		I.D. NUMBER 870449

Schedule
Reference

Name

Memo Reference ID Number

MEMO

NO MEMO TO REPORT